MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
10/009930	

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND	DEP.
1	1						51							
2	1						52							
3	1						53							
4		1					54							
5		1					55							
6		1					56							
7		2					57							
8		3					58							
9		3					59							
10		1					60							
11							61							
12							62							
13							63							
14							64							
15							65							
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18							68							
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41							91							
42							92							
43							93							
44							94							
45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
TOTAL IND.	3						TOTAL IND.							
TOTAL DEP.	8						TOTAL DEP.							
TOTAL CLAIMS	11						TOTAL CLAIMS							

PTO-1360 (3-78)

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS   U.S. DEPARTMENT of COMMERCE